



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section

P.O. Box 45028

Newark, New Jersey 07101

E-Mail: AskConsumerAffairs@lps.state.nj.us

Please be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Regulated Business Section may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

Complaint against: (Please check one)

- ☐ Entertainment / Booking Agency
- ☐ Career Consulting / Outplacement Organization
- ☐ Consulting Firm
- ☐ Health Care Service Firm
- ☐ Nursing Registry
- ☐ Prepaid Computer Matching Service
- ☐ Resume Service
- ☐ Temporary Help Service Firm
- ☐ Employment Agency
- ☐ Job Listing Service
- ☐ Modeling / Talent Agency
- ☐ Ticket Broker / Reseller
- ☐ Health Club / Spa
- ☐ Career Counseling

I. COMPLAINT REPORTED BY:

NAME:	_____
ADDRESS:	_____
CITY:	_____
STATE:	_____ ZIP: _____
HOME TELEPHONE NUMBER:	_____ (include area code)
WORK TELEPHONE NUMBER:	_____ (include area code)
E-MAIL ADDRESS:	_____

II. COMPLAINT REPORTED AGAINST:

NAME OF BUSINESS:	_____
BUSINESS ADDRESS:	_____
CITY:	_____
STATE:	_____ ZIP: _____
PERSON CONTACTED:	_____
TITLE:	_____
BUSINESS TELEPHONE NUMBER:	_____ (include area code)

1. Contract data (if applicable) –

Type of contract: ☐ Written ☐ Oral

Date of contract _____ Terms of contract _____

Termination Date _____ Renewal date _____

(If the contract is in written form, please attach a copy. If the contract was an oral contract, please write out your understanding of the contract and attach it to this complaint form.)

2. Have you contacted the company about your complaint? ☐ Yes ☐ No

3. Product or service involved: _____

4. Amount of money involved: _____

5. Where did the transaction take place?

☐ Home ☐ Business ☐ Telephone

Date _____

6. Does an attorney represent you in this matter? ☐ Yes ☐ No

(If “Yes,” give the name, address and telephone number of the attorney.)

Name

Address

Telephone number (include area code)

7. How would you like this office to resolve the complaint?

III. COMPLAINT DESCRIPTION

1. In general terms, describe the nature of your complaint.

2. Describe the facts of your complaint, in the order in which they happened.

3. Have you filed your complaint with any court or administrative agency?

☐ Yes

☐ No

(If "Yes," give the name and address of the court or agency.)

Name	Address
Date filed	Docket /File #

4. Are there any documents such as correspondence, invoices, canceled checks, etc., supporting or involved in the complaint?

(If "Yes," provide a list of the documents below.)

☐ Yes

☐ No

IV. CERTIFICATION

I certify that the foregoing statements, made by me, are true. I am aware that if any of the statements are willfully false, I am subject to punishment. I authorize the New Jersey Division of Consumer Affairs to send this complaint form to the company or to interested parties and to use the information in any way that is necessary.

Signature*	Date
------------	------

* This certification must be signed by the person completing the form.

2/8/05